

**U.S. Department of Justice**  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Cortez Willie Shields	COURT CASE NUMBER 17-cv-266-wmc
DEFENDANT Lt. Tony, et al.	TYPE OF PROCESS CIVIL, summons and complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Sarah April, Dane County Jail - Mental Health Department  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
115 W. Doty St., Madison, WI 53703

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Cortez Willie Shields, 241621 Racine Correctional Institution P.O. Box 900 Sturtevant, WI 53177-0900	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	4
	Check for service on U.S.A.	No

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>R. [Signature] - DEPUTY CLERK</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 608-261-5724	DATE 7/1/19
---	---	----------------------------------	----------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7-18-19
	Time 9:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>Brad Meng</i>	

Service Fee 65.00	Total Mileage Charges including endeavors .58	Forwarding Fee	Total Charges 65.58	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
----------------------	--	----------------	------------------------	------------------	---

REMARKS: RETURN TO COURT. PER BRITTNEY WIERSMAN THERE IS NOT, AND NEVER HAS BEEN, A SARAH APRIL WORKING FOR D.C.J. MENTAL HEALTH. THEY HAVE SEVERAL SARAH'S, BUT NO SARAH APRIL. 1 DUSM, 1 HR, 1 MIN